### **FCC 388**

### DTV Consumer Education Quarterly Activity Report

#### Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: http://fjallfoss.fcc.gov/prod/ecfs/upload\_v2.cgi
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Station Call Sign(s)		КАЈВ
Report reflects information for quarte	er ending (mm/dd/yy)	03/31/08
Have you opted to comply with Option	o One, Two, or Three (once elected, this cl	noice may not change)?
Option One (A and D)	Option Two (B and D)	Option Three (C and D)
Over the past quarter, have you fully o	complied with the requirements of this op	tion?
Simulcasting		
Are you simulcasting on your Analog ch	annel and your primary Digital stream?	
☐ Yes ⊠ No		
	If YES, complete only one form for both. channel and a second for your primary Dig	

Call Sign	Channel Numbers	Community of License				
		(	City	State	County	Zip Code
КАЈВ	Analog 54 🖂 🖂 Digital 36	Cal	ipatria	CA	lmperial	92233
Licensee Calipatria	Broadcasting Company, L.L.C.					
Above, circle the Channel	Number(s) to which this form applies.		Nielsen DMA	World V	vide Web Home Page A	ddress
			Yuma, AZ / El Centro, CA			
Facility ID Number	Previous Call Sign (if applicable)		Licer	ise Renewal E	xpiration Date (mm/dd/	уу)
40517				t	2/01/14	

## Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:0	00 a.m. and 1:00 a.m. last quarter?
Total 5:00 a.m. to 1:00 a.m. PSAs	86
Total 5:00 a.m. to 1:00 a.m. CSTs	3
For informational purposes only, how many DTV PSAs and CS a.m.?	Ts did your station run in the last quarter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	12
Total 6:00 a.m. to 9:00 a.m. CSTs	0
For stations located in the Eastern or Pacific Time Zone, how man from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	y DTV PSAs and CSTs did your station run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs	34
Total 6:00 p.m. to 11:35 p.m. CSTs	1
For stations located in the Central or Mountain Time Zone, how m from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?	any DTV PSAs and CSTs did your station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	N/A
Total 5:00 p.m. to 10:35 p.m. CSTs	N/A
Comments (add additional sheets where necessary):	

How many 30 minute, DTV-related is be run between the hours of 8:00 a.m.			ing the quarter? At lea	st one such program must
Total number of 30 Minute Information	onal Programs	0		
Comments (add additional sheets whe	ere necessary):			
Beginning on November 10, 2008, a activities. Stations must execute a m February 17, 2009. During the last qu	Il stations participating	down to DTV" on-air ac	tivity per day during the	he 100 days leading up to
	Graphic and Audio Do	. ,		
Comments (add additional sheets whe	re necessary):			

30 Minute Educational Programs – Last Quarter

# Section D (For all broadcasters)

Addi	tional DT	V On-a	air Initiatives – Last Quarter	-
Did y may b	our station se used to	i run ad describ	dditional on-air initiatives (such the ethese initiatives.	h as news reports, town hall meetings, etc.) during the quarter? The comment box
[	Yes		No	Comments (add additional sheets where necessary):
Statio	n Website	2 Addit	ional Activity Related to the	e DTV Transition – Last Quarter
Does	your statio	n have	a Website?	Yes No
If YES	5, did your be what w	station	n provide additional DTV relat ed on the station's Website.	ted information or activities on that Website? The comment box may be used to
	] Yes		No	Comments (add additional sheets where necessary):
Check	all of the	DTV re	each Efforts Last Quarter	nat your station engaged in over the last quarter. The comment box may be used
to desc	cribe this a	ctivity.		
	Speaking	; Engag	;ements	Comments (add additional sheets where necessary):
	Commun	iity Eve	ents	Comments (add additional sheets where necessary):
	Other (de	:scribe)		Comments (add additional sheets where necessary):
l'his co quarte		ox may	y be used to include other con	mments or information about your station's DTV activity over the last
Zomme	ents (add a	ddition	nal sheets where necessary):	

#### STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing  Kenneth D. Polin	Typed or Printed Title of Person Signing  Manager
Signature	Date
	04/09/08

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

### FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to <a href="mailto:pra@fcc.gov">pra@fcc.gov</a>. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995,44 U.S.C. 3507.